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ANATOMY IN ITS RELATIONS TO MEDICINE AND SURGERY.

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Supra Hyoidean Region.

The foundation of this region is to be seen in the attachments and course of the digastric muscle, extending from the temporal to the hyoid bone, and the symphysis of the lower jaw. The subdivision again into *submaxillary*, *parotid*, and *interdigastric*, is likewise well-founded by well-defined structural limits. The light which comparative osteology furnishes in regard to the hyoid apparatus, renders these regional divisions among the most natural of the neck. When the head is in its usual angle of support on the top of the spinal axis, this region is within the arch of the lower jaw, requiring, therefore, for its exposure, extension of the chin. When this position is maintained, the eye may detect the swell of the anterior belly of the digastric muscle, also of the facial vein after it leaves the face, and a moderate prominence close under the jaw running forward from its angle, which is the submaxillary gland. If the finger be thrust deeply into this region in a line running out from the body of the hyoid bone, its great cornu can be easily distinguished, and which bounds the *submaxillary space* below. In the adult, this part of the neck is usually abundantly provided with hair, furnishing a valuable protection to the throat. The layers which appear in the order of position are, first, the *skin* which is abundantly supplied both with hair and sebaceous glands, and is only of moderate density.

Superficial fascia. This is well supplied in most instances with an abundant deposit of adipose tissue, contributing largely in producing the variety of appearance or form which is so notable in this region; such as relates to depth, and the definition of the cervico-facial line. The fascia is loose in texture, and within it is placed the thin plane of muscular, fibres, the *platysma myoides*. This muscle is generally well developed over the whole of the region under consideration, and near the symphysis of the chin there is a decussation of fibres.

Deep fascia. This fascia is particularly well developed over the lateral parts of the suprahyoiden region; over the middle, or the interdigastric part, it is not so complete, yet serves to unite the anterior masses of these muscles to each other. Upward it may be traced over the masseter muscle and parotid gland as high as the zygomatic arch to which it is attached.* When detached from the jaw and carefully turned down to an extent corresponding to the great horn of the hyoid bone, a beautiful exposure of the submental and submaxillary regions is made.

Submental or interdigastric region. Surgically considered, this region is not of so much moment as some others. It is the space included between the body of the hyoid bone and the mental portion of the lower jaw. Analyzed from the surface down it presents the following order of parts. Skin, superficial fascia and deep fascia, platysma muscles with branches of the submental arteries. Next is displayed the anterior bellies of the digastric muscles with nerve twigs from the mylo-hyoid. These muscles pressed asunder disclose the raphe of the mylo-hyoidei muscles on which are other branches of the submental vessels. If this be divided, the genio-hyoidei muscles come to view, the separation of which exposes the anterior edges of the genio-hyoglossi muscles, portions of the sublingual glands, the Whartonian ducts, cervical surface of the mucous membrane of the mouth and the dorsalis linguæ arteries.

Practical remarks. The region just described is sheltered by the inferior maxillary bone in the ordinary position of the head, which contributes to its defence against wounds, unless self-inflicted with an evil purpose. When the head is extended on the spine it becomes exposed. When the adipose tissue is present in considerable quantity it produces the double chin, a condition which is in some degree peculiar to the extremes of life. In the male, this region is covered with the beard, a protection against atmospheric vicissitude

* See article on the face.

greatly underestimated. The loose nature of the superficial fascia gives great prominence to tumors or swellings from other causes. The direction of the fibres of the platysma muscles require all incisions made over this region to be directed downward and outward, that the subsequent apposition may be accurate.

After yawning, a cramp attended with a hard cord is sometimes experienced beneath the chin. The explanation is to be sought for in a spasmodic attack of the anterior mass of the digastric muscle, produced through some irregular action excited by the movement in the mylo-hyoiden branches of the inferior dental nerve which supplies it.

In certain fractures of the lower jaw, such as occur in front of the masseter muscle, on one or both sides, the digastric genio-hyoidei and the anterior fibres of the genio-hyoglossi muscles conspire to draw down the mental portion of the jaw. The attachment of the genio-hyoglossi muscles to the jaw, hyoid bone and tongue, is of such a character as to confine the upward movement of the tongue within prescribed bounds; but, sometimes it is found to restrict this too much, and to produce a form of stammering. This has been benefited by unloosing their genial attachments with the knife, the use of which, must be with circumspection, observing to make the section with one having a blunt point, as the mucous membrane of the mouth is immediately above and may readily be opened; to keep also in the median line, as any lateral deviation would endanger the sublingual glands, producing salivary fistula, or inflict injury on the dorsalis linguæ artery. It will be seen that the genial attachment of the hyoglossi muscles truly antagonize such muscles as are retractors of the tongue; and hence, in operations upon the jaw removing those portions of the bone on which they are implanted, due precaution should be observed that the respiration of the patient be not endangered by the tongue receding and occluding the entrance to the larynx.

Abcesses in the median supra-hyoidean region when exterior to the deep fascia will open on the surface, when beneath will point in the mouth under the tongue. A small lymphatic gland is frequently met with just beneath the platysma muscles and near the symphysis, which is sometimes the seat of abscess.

Submaxillary region. The deep fascia in ascending the side of the neck on a line with the great horn of the hyoid bone, divides into two laminæ; the superficial one has been described passing to the face, the deep layer covers the hyo-glossus muscle, and is inserted on the myloid ridge of the inferior maxillary bone, and forms the floor of the region under consideration. At the angle of the jaw the strong leaf of the deep cervical fascia is seen extending down to the styloid process of the temporal bone; this is the *stylo maxillary ligament*, it is only the posterior extension of the layers just described, and forms the posterior boundary of the submaxillary region, completely separating it from the parotid space.

The submaxillary region is occupied by most important parts. When uncovered by turning down the skin and superficial fascia, platysma, the superficial lamina of the deep fascia, the *fascial vein* and the *submaxillary gland*, supporting a lymphatic gland or two, will first be exposed, and just within the lower edge of the jaw the *submental* artery. The *facial vein* runs obliquely backward, and after forming a junction with small glandular venules and a considerable trunk, the *temporo-maxillary* enters the internal jugular.

The submaxillary gland, one of the principal salivary organs, is quite vascular. When lifted out it will be seen to have an important relation to the facial artery, which vessel (a branch of the external carotid) enters this region by passing under the stylo-hyoid and digastric muscles, sometimes it passes through the gland, sometimes beneath, and in other cases rests in a groove on its upper and posterior surface.

The mylo-hyoid muscle. The gland not only rests on the mylo-hyiod muscle anteriorly, but dips beneath its posterior edge, and here will be seen its excretory duct (*duct of Wharton*) running forward and upward between the mylo-hyoid and genio-hyoglossus muscles, to enter the mouth on the side of the frænum linguæ. This duct is crossed in its course by the gustatory nerve, a large branch from the fifth pair, and is distributed to the tongue. Near the insertion of the posterior fibres of the mylo-hyoid muscle, on a very careful examination, the *submaxillary ganglion* may be discovered, from which a number of minute radiating filaments can be traced to the gustatory nerve, one of which (the most posterior) is the *chorda tympani*. This gland, under the mylo-hyoid muscle, is connected by cellular tissue to the sublingual gland.

The tendon of the digastric pierces the stylo-hyoid muscle, and just below is the *hypo-glossal nerve* resting on the hyo-glossus muscle and situated nearly parallel with the digastric and the cornu of the hyoid bone, the latter a little distance below. This is the motor nerve of the tongue.

From the great horn of the hyoid bone arises the *hyo-glossus muscle* passing upward to be inserted along the side of the tongue. If this muscle be separated from its origin, the *lingual artery* will be disclosed lying close along the upper border of the great horn of the hyoid bone.

Practical remarks. The submaxillary gland is

frequently the subject of pathological change, often the result of constitutional conditions, such as scrofula or carcinoma, undergoing enlargment or suppuration. Perhaps the lymphatic gland which rests upon it may be the seat of disease, and thus lead to an error in the diagnosis. Under the pressure of an enlarged lymphatic ganglion, the submaxillary may become greatly atrophied, or altogether disappear. Its enlargements and inflammatory products will be very accurately defined by the angle of the jaw, anterior belly of the digastric cornu of the hyoid bone and the body of the lower jaw; in other words, by the anatomical boundaries of the submaxillary region, admitting scarcely of a possibility of a mistake as to location. In the removal of the submaxillary gland, the relation of both the facial vein and artery is such, as almost necessarily to require their division. This gland being connected by cellular tissue with the sublingual, under the mylo-hyoid muscle, the latter would be liable to be torn away with the former, unless care be exercised in cases rendering its removal necessary. Abscesses, of this region if left long without interference may open into the mouth by passing beneath the mylo-hyoid muscle. In advanced cases of ranula, the tumor develops into this region, though primarily beneath the tongue. Wounds penetrating this region may be followed by salivary fistula, from injury to the Whartonian ducts, or the sensibility of the tongue may be effected in consequence of the lingual branch of the fifth pair of nerves sustaining damage, or its movements be paralyzed from similar causes involving the hypo-glossal nerve.

In a case requiring ligature of the lingual artery, the cornu of the hyoid bone serves as a valuable guide to the position, the former being placed along its upper margin. In this position, it is covered in by the hyo-glossus muscle, some of the fibres of which would have to be divided in order to uncover the vessel. The position of the hypoglossal nerve, a little above, will suggest the exercise of caution to avoid its injury.

A very free communication exists between the branches of the facial and lingual arteries in this submaxillary region which would make the ligature of the latter, in cases of hemorrhage from the tongue, of little value.

Gelatinised Chloroform.

Chloroform, as well as ether, possesses the property of intimately mixing with albumen, first forming a liniment and then a light jelly, which is often of much more easy application than the volatile substance which gives rise to it. Shake up in a phial two volumes of white of egg and one volume of chloroform. Providing that the chloroform be pure, the jelly forms of itself, and can be preserved for several days without separation.—*Bull de Thérap.*

Hospital Reports.

UNIVERSITY OF MARYLAND,
Nov. 18th, 1863.

SURGICAL CLINIC OF PROF. NATHAN R. SMITH.

Reported by *Dr. J. W. P. Bain.*

Hydrocele.

Man, aged 50. This disease consists of an effusion of serous fluid into the tunica and vaginalis of the testes. There is generally but little difficulty in the diagnosis. The tumor is long; greater below than above, semi-transparent, and the accumulation progresses from below upward. It is distinguished from Hernia by the impossibility of reduction, and from sarcocele by its elasticity. The treatment is divided into palliative and radical; the palliative consists in simply puncturing the sac and evacuating its contents, and in some cases by frequent repetition of this procedure the sac becomes obliterated. The radical treatment is to use such means as will cause inflammation and obliteration of the sac. There are many remedies to accomplish this purpose as tinct. iodine, iodide of potassium, sulph. of zinc, a seton or what I considered the most certain a tent introduced into the sac, but sometimes it causes too much inflammation. In puncturing this tumor we pass the trocar upward so as to avoid the testicle, and before you inject any substance you must be certain that the tube is free in the cavity, for sometimes the tunica vaginalis slips off the end of the canula and the fluid is injected into the cellular tissue and destroys it; this is very liable to happen when a syringe is used. In this case we will use the following:

℞. Zinci sulphatis, 3ij.
Aquæ, Oss. M.

I have used this injection stronger than the books direct, for it is not so certain as some other substances, and have kept it in longer than usual.

Disease of Ankle Joint.

Man, aged 50. In this case not only the ankle joint proper is the seat of disease but also the tarsal bones, the limb is also enclosed by a broad cicatrix which interferes with the recuperative process; the veins are varicose. This disease has been going on for about 30 years. Our purpose to-day is to amputate this man's leg at the junction of the middle with the lower third. If you saw any way of curing this disease, even at the expense of anchylosis of the ankle joint, the operation would not be expedient; but that is impossible. I shall perform the double flap operation, cutting from without inward. I generally prefer the circular operation as I think it makes a better stump. The tourniquet should be applied loosely until everything is ready, and then screwed up promptly, otherwise the limb becomes engorged with venous blood which gushes out at the first incision. This patient will not have the operation performed without chloroform, which I regret, as I never use that agent when the patient will do without it. I entertain the opinion that chloroform has done a thousand times more harm than good, and I have regretted that it was ever invented as an anæsthetic agent. There is only one thing that can be said in favor of it, that is, that it relieves pain. In all other respects it is injurious. It subdues the circulation and we have to wait a good while for reaction; produces rigidity of the muscles unless we use it to adangerous extent. It tends to produce phlebitis, and in a great many cases it is a powerful

poison. All anæsthetics are alike, as ether, etc. Chloroform is a better agent than ether, and its unpleasant effects are less. It is used to enable the patient to undergo the operation without pain but the great thing is to cure the patient and I think it contributes to a fatal result. The wound was closed with the interrupted suture and adhesive strips, and a bandage applied.

Nov. 28.—Our patient whose leg we amputated perished from phlebitis; he did not die from the immediate effects of chloroform, but I have no doubt that the impression made by it on his enfeebled system contributed to the fatal result.

Medical Clinic by Prof. Samuel Chew.

Anæmia.

Woman, aged 30 years. This lady was very much alarmed last week at a fire, and being eight months advanced in pregnancy was delivered of a dead child; she lost considerable blood and now presents the characteristics of extreme anæmia. Upon auscultating the heart we hear well marked cardiac murmurs, which depend upon the poverty of the blood; you can understand how these murmurs can be produced when the blood is thin, by remembering the sounds produced by pouring liquids from one vessel to another; if thin like water you will have a sound; if thick like syrup you will hear little or no sound. In this disease we often meet with a venous murmur in the large veins especially the jugular, and it is quite perceptible in this case. When you find pulsation in the jugular vein you may be certain that the tricuspid valves are not acting properly, but allow regurgitation. The causes of this insufficiency may be a change in the valves, or of the orifice, or the walls of the heart may be too weak and allow dilatation of the orifice which thus becomes too large for the valves to close. Some authorities say if it were not for this insufficiency of the tricuspid valves a hemorrhage would occur from every slight catarrh or emphysema. Dr. Walshe objects to this view but Dr. Hope supports it.

In the treatment of this case we have to take into consideration her condition in reference to recent parturition; she is very weak, and has been taking wine. We will allow her the best diet she can bear and give iron to increase the richness of the blood. There is often in these cases a tendency to congestion and much mischief may result therefrom. The pulse is frequent, but on account of the poverty of the blood in red corpuscles the heart has to remedy the deficiency as far as possible by increased action.

Pleurisy.

Man, aged 22. Has pleurisy of the right side. When admitted he seemed to be laboring under typhoid fever; took cold and when next seen he had pleurisy in its second stage, viz., that of effusion. He had the characteristic physical signs of pleurisy, viz., dullness on percussion, no vesicular murmur, no tremor of the voice, etc. These signs are easily distinguished from those of pneumonia. In the latter you have dullness on percussion, no vesicular murmur but tubal respiration and the sounds conveyed better by the condensed than by the healthy lung; increased tremor or thrill when the patient speaks, whereas in pleurisy the vibration of the voice will not extend through the fluid to the chest. A week ago there was no sound to be heard when this man breathed, now the breathing is quite audible but not so loud as on the healthy side. He is taking

℞. Hydrarg. chlor. mit., gr. x.
Pulv. ipecac et opii, ʒj. M.
Et ft. chart. x.
Sig. One every two hours. Also

℞. Ant. et potass. tart., gr. j.
Saccharum albi, gr. x. M.
Et ft. chart. viij.
Sig. One every three hours.

Gums not affected. Convalescing. The fluid is being removed under the sorbefacient influence of the calomel. This generally occurs in good constitutions, but sometimes in good and often in bad it is not absorbed, but gradually gets worse; sometimes it is removed by the surgeon, at other times it is discharged by ulceration. It is better to draw off the fluid, for in tolerably good constitutions there is little danger, and sometimes it is very happy in its results, but not unfrequently the chronic disease continues and gradually wears out the powers of life.

Editorial Department.

Reviews and Book Notices.

TRANSACTIONS OF MEDICAL SOCIETIES.

Medical Society of the State of Pennsylvania.

The transactions of the State Medical Society for the year ending in June, 1863, forms a handsome volume of 356 pages, which has, for some time been lying on our table awaiting notice.

The Society met in this city on the 10th of June last, the minutes having been published in the Reporter at the time. Eighteen counti s only were represented at the meeting, out of the sixty-six which compose the State. Delegates were also present from the Medical Societies of the States of New York and New Jersey.

The President being absent in consequence of severe illness, the annual address was not delivered, but was afterwards furnished for publication in the transactions at the request of the Society. It treats of the benefits of medical organization. On the subject of temperance, and the duty of medical men to be temperate themselves, and to encourage temperance in others, the address is outspoken. We are glad of it, for there is increasing necessity that the profession be guarded on this point. Our author has the following on the employment of

Alcohol in Medicine.

"The frequent and oftentimes mischievous employment of alcohol in some of its forms by physicians, as a remedy for disease, has long been a formidable barrier to the progress of temperance. It is thus that the fires of intemperance are kindled in thousands who might otherwise have escaped the desolating scourge. In our diseased and suffering world, the physician, above all men, should be careful to enrol himself, both practically and theoretically, on the side of abstinence from intoxicating drinks, and thus, as a good physician, moralist, and Christian, prove himself the benefactor of his race. A former President of this Society, (Dr. Hiram Corson) in a portion of his opening address, has ably and eloquently vindicated temperance, and in his views and suggestions I most cheerfully acquiesce."

From the following counties there are elaborate reports:—Beaver, by Dr. A. P. Dutcher; Bradford, by Dr. E. P. Allen; Chester, a memorial of the late William Darlington, M. D.; Montgomery, by Dr. J. Newton Evans; Perry, by Dr. Isaac Lefever; Philadelphia, by Drs. James M. Corse. Some of

these reports contain a great deal of very valuable material. We have space merely to glance at some of the principal diseases brought under review in them. The disease that seems to have prevailed most extensively and given rise to the greatest mortality is

Diphtheria.

In this volume of transactions very little is said of the history, nature or pathology of diphtheria. In regard to the relation of diphtheria to scarlet fever, Dr. F. B. POLEY in his report from Montgomery county, (p. 230) says, "I presume that ere this, sufficient experience has been acquired by almost every one, to convince him of the non-identity of diphtheria with scarlet fever. It can no longer be considered a modified form of that disease. It is as different and distinct in its character from scarlatina as croup, tonsilitis, or acute bronchitis. * * The symptoms of the two diseases scarlatina and diphtheria, are quite different, almost as much so as any other two diseases." On the other hand Dr. NEBINGER, in the report from the Philadelphia County Medical Society, regards this question of identity of the two diseases as "an open and undetermined one." He goes further, and gives it as his opinion that "diphtheria is a malignant phase or variety of scarlet fever, sometimes accompanied, yet more frequently unaccompanied, by the scarlet rash of unquestionable scarlatina."

The disease is regarded by all the reporters as a constitutional one, requiring constitutional as well as local treatment. The peculiar exudation is not necessarily confined to the throat. Dr. GALBRAITH of Perry county, has "seen the exudation come out between the toes the same as in the fauces; and in one case, a girl about seventeen years of age, it broke out on the knee larger than a dollar." Dr. HOLMES (p. 207) and Dr. POLEY (p. 231) speak of partial paralysis as a characteristic sequela of the disease. Dr. POLEY says in some cases, "the respiratory organs were paralyzed to that extent that congestion of the lungs occurred, and very nearly proved fatal."

The most that is said by the reporters on the subject of diphtheria relates to its treatment. Drs. ALLEN and POLEY, begin the treatment of the disease by the use of a mild purge, while Dr. LEFEVER of Perry county, gives an emeto-cathartic of calomel and tartrate of antimony. With nearly all the reporters the favorite remedies are chlorate of potash, tincture of the chloride of iron, quinia, and other tonics and stimulants. Chlorate of potash was both used locally, and given internally. Dr. DUTCHER says of it (p. 200). "If there are any specifics in disease, this may be regarded as such in diphtheria. I would just as soon think of treating a case of ague without quinia as diphtheria without the chlorate of potash." Giving it internally in malignant cases, he has given an adult as high as ounce of the salt in saturated solution in the course of twenty-four hours with marked benefit. Dr. NEBINGER recommends the use of chlorate of potash in saturated solution with syrup or honey as a gargle. Others also recommend its local application. Dr. POLEY of Norristown, who has had more than ordinary success in the treatment of diphtheria, recommends the following formula:—

℞. Sp. æth. nit.—
Tinct. ferri chlor. āā f℥ss.
Ol. menth. pip. gtt. x. M.

Give 15 drops every four hours on a little dry sugar, no drink to be taken for sometime afterward, so that the medicine may adhere to the throat and produce there its peculiar astringent and stimulating effect. He also prescribes from the beginning (except in mild cases), two or three grains of quinia in the morning during the remission of the fever. If there be great prostration, he continues the quinia regularly every four hours. He also finds good *grape* wine, in tablespoonful doses, every two or four hours, beneficial. If the diphtheritic deposit manifests a tendency to spread rapidly, and the throat is livid and swollen, he swabs the throat with the above preparation, sometimes omitting the nitre, when used for this purpose. Oil of turpentine he sometimes adds to the above formula. The diet should be good. In bad cases of paralysis occurring as a sequela. Dr. POLEY has derived much benefit from a pill composed of zinci valerianas, ignatia amara, ferri phosphus, and capsicum.

In regard to nitrate of silver as a local application there seems to be a marked difference of opinion. Dr. DUTCHER says that "experience has shown that it is not only useless in the great majority of cases, but frequently positively injurious." Drs. ALLEN and HOLMES in the report from Bradford county, do not favor the use of nitrate of silver. Dr. LEFEVER of Perry county, does not use nitrate of silver, having, in his opinion seen injurious effects arise from its use. He is strengthened in his opinion that it is of no benefit from the fact that "in those sections where the greatest number of fatal cases occurred, it was the general rule to apply it." On the other hand, Dr. NEBINGER (pp. 292, 295) is very earnest in his advocacy of the use of nitrate of silver in substance. He says—

"The deposit in the larynx, in true diphtheria, is never primary; that is, the deposit of the membrane in that organ does not take place, as a general thing, for several days after the disease has manifested itself, by its peculiar deposit on the tonsils and other parts of the fauces; when, as if by an extension or outgrowth of the membrane from the neighboring parts, it reaches the larynx, and fills, to fatal suffocation, the rima glottidis. This outgrowth, or extension to the rima glottidis, can be prevented, in every instance, if the patient is seen early, and submitted to what I regard as the most positive and certain treatment for the arrest of the extension of the membrane, and thus the fatal complication of croup prevented. This may be regarded by some as a strong declaration; but with me it is a truth which I have verified again and again; and I utter it, because it is the revelation of an experience sufficiently ample to justify me in my conclusion. It is no myth—no mere surmise—no guess, but a practical truth, learned by experience in a fearless, yet prudent and cautious use of the only truly potent remedial agent, which, in other hands as in my own, has produced the most successful results, *nitrate of silver in substance.*

And again,

"For the management of the angina of diphtheria, I have used with undoubted good results, and never with bad effects, *nitrate of silver in substance.* Depressing the patient's tongue so that the fauces can be well exposed to view, and then having the head and hands of the patient, if of tender years, held firmly by an assistant, I apply, positively, by touches or rubbing, the nitrate of silver in substance, to the *patch* or *patches* of *membrane* on the tonsils, or wherever they may be seen about the fauces or pharynx. The quantity of the nitrate of silver I so apply depends upon the extent and thickness of the membrane. One free application is all that is generally required, never more than a second application, which if required will not be until about 24 hours after the first.

Dr. NEBINGER recommends as an internal as well as local medicament Watson's chlorine mixture* combined with chlorate of potash, or, the following:—

℞. Potasæ choloratis 3iss
Acidi hydrochloris gtt. xj (40)
Syrupi f℥j.
Aquæ f℥iij. M.

*Watson's Practice—article, "Scarlet Fever."

Of this mixture, he would give to a child ten years of age, a tablespoonful every hour or two according to the violence of the disorder.

"I prescribe the use of the mixture at short intervals for the reason that it acts as a local remedy as well as a general or constitutional one. Abounding, as both the mixtures do, with chlorine, they disinfect the throat and posterior nares, and thus cleansing the parts, prevent the inhalation of the fetid gas, which is generated by the decomposition of the membrane about the fauces. This being accomplished, the patient is saved from the depressing and blood-vitiating effects produced by the absorption of such gas into the circulatory system.

"Cleanliness of the throat, mouth, and nares, I regard as of the utmost importance, and never fail to secure this end, either by the use of the gargle and mixture, or by frequent washings with a suitable swan-quill brush or some other appliance adapted to the purpose.

"Regarding the disease as one in which the blood is largely deprived of its vitalizing elements, and therefore its reconstruction of primary importance, I from the first pursue a supporting treatment—giving beef-tea or essence, ice-cream, and milk—directing the latter to be used as a common drink, *ad libitum*, and without restriction as to quantity.

"In severe cases, after the angina begins to give way, chlorine mixture having been used for a few days, I substitute for it the sulphate of quinia alone, or sometimes combined with the tr. ferri chloridi or ferri persulphas in solution."

Spotted Fever.

In the volume before us, this seems to be the received cognomen of a disease which during the last two years, has prevailed in parts of Montgomery county and of Philadelphia bordering on that county. So far as this State is concerned—we have not heard of the disease elsewhere—much confusion exists in regard to the true nature of the disease, and its pathological characteristics. The fact is, after all that has been said and written about it we can find but two references to post-mortem appearances. In one "no distinctive lesion was found." The other was mentioned in a report read by Dr. Gerhard of this city before the College of Physicians, and published in their transactions. The chief pathological lesion noted in that case was congestion of the brain at whose base was an effusion of a few ounces of serum. It does not appear that in this case any examination at all was made of the spinal cord and its surroundings. There were sub-serous ecchymoses on various parts of the internal organs, which were regarded as confirming a preconceived notion of the pathology of the disease. As this so-called "new disease" is still prevailing to some extent, it is to be hoped that some capable physician will investigate its pathology and found his opinions on a sufficient number of post-mortems to give them some value.

In view of the positive ignorance of the profession of the pathology of the disease, it is not to be wondered at that there is great difference of opinion as to its nosonomy. Thus, Dr. Gerhard regards it strictly as a blood disorder, unconnected with any structural lesion, and calls it "*spotted fever*." Dr. William Corson seems to regard it as *cerebro-spinal meningitis*. Dr. J. K. Reid believes it to be the same disease as described by Dr. Condie in his work on diseases of children, as *cerebro-spinal meningitis*. Dr. F. B. Poley calls the disease a "nondescript" but regards it as "a distinctive and peculiar disease" and adheres to the popular term "*spotted fever*" as applied to it. In describing a case which ran beyond the seventh week into final convalescence, Dr. Poley says, "There was evidently no organic lesion, it was functional derangement from a want of inervation, or deficient dynamic force. Her system reminded me of a steam engine which was propelling various kinds of machinery without balance-wheel or governor." Such a discription we confess leads one irresistibly to think of the cerebro-spinal system, and to wonder how a physician, who witnessed such symptoms could say that there was evidently no organic lesion in the case. Dr. Elwood Harvey a delegate to the State Medical Society, Dr. J. B. Dunlap, Dr. Henry Oliver of Ohio and others, who seem to have had fair opportunities of forming a judgment regard the disease as a form of *malignant scarlatina*. Dr. W. Corson however, can see no point of resemblance between it and scarlet fever, and "nosologically, would regard typhoid fever as better entitled to a place among the exanthemata than this." He knows "nothing to warrant the parallel" between the two diseases. Dr. J. K. Reid wishes to testify against any such idea as the disease being malignant scarlet fever. "It bears no more resemblance to scarlet fever than any other of the exanthems, and is quite a distinct disease." Dr. F. B. Poley regards the question of the identity of the two diseases as "ridiculous." In one family that he attended "there were three severe cases of this disease, ("spotted fever") and he attended all these children last year with scarlet fever"—*quod erat demonstrandum*, provided scarlet fever never occurs twice in the same individual.

With the light before us we have said the best we can regarding the nature of this affection. It sadly needs elucidation, and we shall anxiously look for authentic reports of its pathological appearances.

As to the *treatment* of the disease. All that Dr. Corson ventures to-day is comprised in the following extract:—

"Much, or everything, must depend upon the pathological views and judgment of the practitioner. If he believe that the type, through all its stages, is asthenic, and that the formulary of stimulants and tonics are his sole resource, I am sure, from an experience fraught with solicitude and marked by disaster, that he will regret the stultification resulting from a false theory, clouding his observation of patent and practical facts, to his own discomfiture and the reproach of his profession."

Dr. Reid says, "I have less faith in stimulants than I had at first, and more in anodynes, tonics, counter-irritants, and a nourishing diet, and anodydes to relieve pain, has been the plan of treatment I have adopted." Dr. Poley also became dissatisfied with the stimulant plan of treatment, and "concluded to try acids," on the supposition that there might be a poison in the system of the nature of an alkali. He therefore prescribed nitro-muriatic acid in combination with compound tincture of bark and aromatic syrup of rhubarb, and apparently, (though in one case only) with satisfactory results. Drs. Gerhard, Dunlap, Holstein and others, recommend a decidedly stimulant treatment.

We have no further comment to make than to say that the conflicting views and treatment detailed above, show the uncertainties attending medical opinions and practice when not based on correct pathological deductions founded on actual post-mortem appearances. With the very meagre additional light thrown upon this disease in these transactions, we are led to suspect that Dr. Corson and those who think with him have hit upon the true view of its pathology.

There are some other matters in this volume which we had intended to notice, but we have already exceeded the limits proposed to occupy with this review, and must postpone any further observations to another occasion.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JANUARY 2, 1863.

COMMENCEMENT OF VOLUME ELEVENTH.

This number begins a new volume, the *Eleventh* of the weekly series of the MEDICAL AND SURGICAL REPORTER. The work is so extensively circulated, and so well known to the profession, that it is unnecessary to occupy much room in speaking of the principles on which it is conducted. Suffice it to say, that it claims to be *unqualifiedly independent*, and *eminently practical*, serving the profession alone, and seeking the greatest good of the greatest number.

The REPORTER is an uncompromising representative of the interests of legitimate medicine. While it is liberal, its liberality does not admit of the self-stultification of fraternizing with the various fungous growths from the parent stalk called "Systems of Medicine," or of arguing in its pages their claim to being legitimate off-shoots from the medical tree. It is necessary for us to make this remark because we occasionally receive communications from irregular practitioners, discussing the merits of their pet notions of medicine. As we do not profess to represent their views, and believe that the true interests of medicine do not require the discussion of such topics, we shall continue to decline such communications.

In what may be termed "medical politics," the REPORTER serves no man or party of men. The editor will at all times be found to have opinions of his own on current topics, which will be expressed fearlessly, though with becoming respect to the opinions and feelings of others. The medical profession needs a representative untrammelled, fearless, with opinions of its own and the spirit to give expression to them. The medical man, no matter what his intelligence or standing, who holds that the medical journalist has performed his duty when he has published such articles as are sent to him along with the medical intelligence of the day, has little conception of the spirit and wants of the American Physician. The "stock" of an enterprise conducted on such principles would always be "down" whether money be "tight" or "easy!"

While, however, we expect always to give expression to our own opinions, when in our judgment they are called for, the columns of the REPORTER are open for a proper discussion of our position, as also for a courteous discussion of any medical topic. Such discussions, if not carried too far, are calculated to give life and animation to a serial publication, and may be made very useful to the profession in conveying medical truths in a readable form.

In conclusion, we will say, that we enter on the year 1864, with much more liberal estimates of expenditure on the Literary Department of the REPORTER than ever before. These estimates are based on the past and prospective liberality of the profession in sustaining our enterprize. The additions of new names to our list by subscribers is beyond precedent, and give promise of enabling us to fulfil our most sanguine hopes in respect to the literary excellence and extended usefulness of the REPORTER. The commendatory letters we are daily receiving from subscribers will serve as a stimulus to attain greater excellence and adaptedness to the wants of the medical man.

MORTALITY DURING THE FIRST YEAR OF THE WAR.

We have just arisen from an examination of Dr. WOODWARD's report of the "Sickness and Mortality of the Army during the first year of the War," or as he gives it, from July 1st, 1861, to June 30th, 1862, which was about the close of the Peninsular campaign. The facts and tables thus furnished to the Acting Surgeon-General, are matters of moment to the medical world, and will be read and reviewed with much interest by the profession at large. There is scarcely a person in the North who did not read with feelings of deepest anxiety the many reports with which the public press of the year included in this pamphlet were crowded, most, if not all of which, criticized with harshness the efficiency of the Medical Department of the Army of Virginia and the Peninsula as conducted under the management of Dr. TRIPLER; and many of which (seemingly by authority of the Medical Department at the Capital) indulged in wholesale and, as it now appears, gratuitous charges against that eminent Physician and Surgeon. These

charges, sustained to some extent as they were, by the course of the Government and the Surgeon-General toward Dr. Tripler, must have detrimentally affected the reputation of that gentleman; and as we have been heretofore among those who not only doubted the existence of any foundation for them, but even ventured to believe, we knew the contrary, we now experience peculiar pleasure in the realization of the fact that in this report of Dr. Woodward, we find what seems to us to be a most perfect refutation of the base calumnies which have thus been heaped upon Dr. Tripler.

Let us examine the matter for a moment. For convenience of reference the compiler of these statistics has divided the army into three geographical departments. "The first consists of troops operating on the Atlantic coast between the Appalachian range and the sea, and includes the Army of the Potomac and the various coast expeditions. The second consists of troops operating in the central basin of the continent between the Appalachian and the Rocky Mountains, and includes Western Virginia, the armies under Genl's. Buel, Grant, and Pope, the Department of Missouri, with the scattered troops in Kansas, Nebraska, New Mexico and the Northwest."

The report of Dr. Woodward shows the following proportions of mortality "*from disease alone*" in these departments during this period, to wit:

First Department, 33.40 per thous'd mean strength.
Second " 82.19 " " " "

Thus it appears that in the first department, which included the district over which Dr. Tripler had supervisory charge, the mortality from disease as compared with that in the second department was about as 1 to 2.46, or in other words, the ratio of mortality was nearly two and a half times greater in the second department than in the first. Now let it be remembered, that during a great portion of the year for which these tables are made, that part of the army in the first department over which Dr. Tripler presided was engaged upon the Peninsula, and had been subjected to the swamps and malaria of that region, and it will be seen at once, that the difference in the ratio of mortality between the army under him and the troops in the second department must have been far greater than the difference in the climate and in what might perhaps be appropriately termed the natural incentives to disease in the different localities would naturally lead one to expect. Observing this, the mind is rationally led to the question—what is the cause of this difference in mortality? Is it not reasonably to be referred to the efficiency of the Medical Department more especially coming under Dr. Tripler's charge? Clearly so, it seems to us, and while it is to be regretted, for the reputation of Dr. Tripler at least, that the compiler of these statistics did not extend his tables so as to give the ratio of mortality in the *actual* divisions of the army, in order that we might be enabled more definitely to determine in reference to this matter; yet we must conclude, that even from the tables, as they now appear, Dr. Tripler's efficiency and faithfulness are most completely vindicated, and by them the calumnious reports against him which professional jealousies have dictated, and unprofessional malice has given currency to, have received their merited condemnation.

In connection with this matter, it may not be inappropriate to observe, that most of the various coast expeditions which are included in the first department were to localities equally as unhealthy as any portion of the district embraced in the second department; and for that reason it may well be urged, that Dr. Woodward is not altogether correct in the reason he assigns on page 2 of his report for this difference in mortality in the two departments. He advances the following view of the cause:—"The greater mortality of the central region as compared with the Atlantic coast would appear to hold a close relationship to the great prevalence of malarious disease in the Valley of the Mississippi and its tributaries, which is indicated in the tables on page 5, etc." Now bearing in mind the fact that most of the expeditions to the different parts of the Atlantic coast and the Gulf, (which are included in the first department,) were called upon to incur equal difficulties and dangers from climate, malaria, etc., we must unhesitatingly conclude that the reason assigned in the report does not satisfactorily account for the great difference in the ratio of mortality in the different regions embraced in it.

and referred to in this article. This view is, after all, (perhaps unintentionally) sustained by data given in a subsequent portion of the report (page 3,) by which it appears that in the *first district* "the number taken on sick report during the year was 3368.14 per thousand of mean strength; in the *second* 2748.83," thus showing that the ratio of *sickness* from disease in the first district was nearly one-fourth greater than in the second; while the ratio of mortality in the second was nearly two and a half times greater than in the first.

The report itself also shows, that the greater prevalence of camp fevers in one district than in the other, cannot satisfactorily account for the difference in mortality; for if Dr. WOODWARD'S figures are correct, (page 5,) the fact that in the first district the proportion of deaths from these causes was as 1 to 13.9 cases, and in the second as 1 to 9.8 cases, does not nearly approach accounting for the greater difference in general mortality. The same remarks may be made in reference to the table as to diarrhœa and dysentery, (page 6.) It appears from the report that the ratio of deaths from these causes was much less in the first than in the second district in proportion to the numbers sick, thus in the first department the deaths were 2.1 per thousand, and in the second 9.6 per thousand.

We think data are here given for the reasonable conclusion that this report, incomplete as it is, (and we say this without intention to complain of the compiler,) is a triumphant vindication of Dr. TRIPLER, and furnishes convincing proof, that as the Government committed a gross error in his removal, so they cannot now do a greater act of justice to Dr. TRIPLER and to the army, than to restore him to some position where he will be enabled again to render himself useful in his professional capacity to his fellow citizens in the army. Certain it seems to us, and we honestly believe a careful examination of the statistics of the sanitary condition of the different departments of the army will show, that for executive ability, professional talent and faithful application of these qualities, no superior to Dr. TRIPLER has been or can be found in the service. Let us have no more of these exhibitions of professional jealousies and their deleterious effects; but when we get competent men in responsible positions, let it rather be considered a matter of professional duty, courtesy and pleasure, to sustain, encourage and if necessary defend them in their efforts for the welfare of the army; well knowing, as we do, that the paltry pittance awarded by Government but ill-requites such men for the labor and anxiety of mind, the privileges surrendered and the hardships undergone.

It has been reported by the Sanitary Commission that either at Antietem or Gettysburg, (and we have forgotten which,) thirty regiments from one State alone were absolutely without medical stores; and that too after having just passed through Washington a few days previously. If this be true, what a sad commentary it is upon the efficiency of those men holding high places in the Medical Department who, but little over a year ago were the croakers against Dr. TRIPLER, and who, with most convincing proof in their hands of his capacity and faithfulness were perhaps willing to have him set aside, lest in future he might prove a stumbling block to them in their ambitious anticipations. It is time the people should investigate these matters for themselves. Let justice be done to Dr. TRIPLER and all other efficient officers, and we shall have justice to our sons and brothers whose lives are being jeopardized in defence of our glorious country.

Notes and Comments.

Cerebro-spinal Meningitis.

The *Fairmont* (*West Va.*) *National* of a late date has been sent us containing a notice, apparently from a professional source, of the endemic prevalence of cerebro-spinal meningitis in that locality. The disease is represented as being very fatal. The symptoms detailed are as follows:

The disease is usually ushered in by a feeling of chillness succeeded by heat of the surface, and pain commencing between the shoulders and extending to the back of the head, with more or less stiffness of the muscles. Soon the muscles of the extremities, and those of the neck in particular, become remarkably rigid, the head is drawn back upon the vertebral column, and firmly fixed in that position; no efforts of the patient can bend it forward, neither can it be, by the attendants, with the employment, at least, of any justifiable force;

next follow spasms, and the patient is cut off sometimes, within forty-eight hours from the time he is attacked. In those cases that recover, convalescence is in many instances extremely slow and tedious, and relapses are liable to occur.

Summary of Medical Literature.

Under the head of Periscope, we shall continue to give, so far as we can find room for it, a summary of the medical periodical literature of the day. This we regard as a very valuable and important department of the Reporter. In this work we shall have the aid of several pens.

Dr. O. C. Gibbs, of Frewsburg, Chautauque Co., New York, will soon renew his "Summary of American Medical Litrature," which was suspended some months ago in consequence of his having entered the army. If our exchanges will continue to send a copy of their respective journals to his address we will send a duplicate of the Reporter to any address they may indicate. The different State and local Medical Societies which publish their transactions, will have them fully noticed by sending them also to his address.

Chloroform.

We would call the attention of our readers to the remarks of Professor Nathan R. Smith of Baltimore, in the report on another page of his clinics before the class of the University of Maryland, on the use of chloroform and ether as anæsthetics.

Anatomy in its Relation to Medicine and Surgery.

Dr. D. Hayes Agnew of this city, widely known as one of the most accomplished anatomists and best lecturers on anatomy and surgery of the age, recommences in this number his very practical and useful papers on Anatomy in its Relation to Medicine and Surgery. He is approaching some of the most important regions of the body. The papers will be thoroughly illustrated by first class electrotypes from original drawings. These papers will, when completed, constitute the most thorough exposition of the important subject of which they treat that has ever been published.

Erratum.

Our attention has been called to a serious error occuring in a prescription in an article of Dr. Dutcher's on p. 457 of the last volume of the Reporter. It should read:

℞	Hyd. chlorid. mit.	gr. xij.	
	Pulv. Opii.,	gr. vi.	M.

Et. in pil. No. xij div.

Subscribers will please make the correction in the proper place.

Correspondence.

FOREIGN.

LETTERS FROM Dr. W. N. COTE.

Paris, *Dec.* 10, 1863.

Aid for Sick and Wounded Soldiers—International conference in Geneva.

I have just received the following interesting letter from Dr. Appia, formerly President of the Medical Society of Geneva, and the author of a valuable work on military surgery, entitled "La Chirurgien á l'ambulance, Souvenirs de la campagna d'Italie en 1859." This work has been translated into English under the title of "the Ambulant Surgeon," by Drs. Nunn, of London, and Clark, of Edinburg. It contains interesting and reliable information on most topics pertaining to military surgery, and deserves to be in every physician's library. Dr. Appia had been enabled to render esssential service to the armies fighting on the plains of Italy; already before the battles of Magento and Solferino, he had procured from Switzerland considerable quantities of linen, shirts, lint, etc., and had them distributed among the hospitals of Turin, Milan, and Brescia. On the beginning of hostilities, Dr. Appia had gone in person to the theatre of war, and had consecrated himself devotedly to the care of the wounded until the end of the campaign; such example of what a single man can do with devotedness and perseverance, was of a nature to stimulate the zeal of the society of public utility in Geneva. They raised the question as to whether they might not also contribute, for their part, to spread the plan of forming, in time of peace, volunteer companies ready to give aid and care to the wounded in time of war, and thus supply the insufficiency of official means, offered by the military authorities. To this effect the society formulated a programme and decided upon sending it to all the war ministries in Europe, with the object of appointing, at Geneva, a conference of competent men. They proposed for that meeting the 26th, 27th and 28th days of October. The society's worthy initiative has been crowned with success: an executive committee was appointed, composed of the following members: General Dufour, President; M. Moynier, President of the Society of Public Utility; Drs. Maunoir, and Appia, both ex-Presidents of the Medical Society, and M. Dunant, author of an interesting work entitled "Un Souvenir de Solferino." The appeal forwarded by this committee to the European Governments met everywhere with a sympathy surpassing all expectation. Austria, Baden, Bavaria, France, Great Britain, Hanover, Grand Duchy of Hesse, Holland, Italy, Prussia, Russia, Saxony, Spain, Switzerland, Sweden, and Wirtemberg, were represented by delegates, men occupying high positions in their respective countries. The following letter kindly sent me by Dr. Appia gives a most succinct and substantial report of what too

place in that conference. I have no doubt it will deeply interest the numerous readers of your journal: I therefore hasten to lay it before them.

GENEVA, December 5, 1863.

Dr. CÔTE, PARIS.

DEAR SIR:—I have had the pleasure of assisting at an International Conference in which, I doubt not you would, as physician and philanthropist, have felt much interest: I therefore take the liberty of placing before you the most striking incidents of this remarkable congress. The subject treated was, as you are aware, about the general principles according to which, in every country, aid might be organized, and voluntary helpers formed for coming to the assistance of the wounded on the battle-field and in the military hospitals. The conferences lasted four days; the resolutions taken are so many *desiderata* proposed to the governments; these having sent to the conference official delegates charged with a mandate ad referendum, will not object, we hope, to giving their powerful protection to so philanthropic an enterprise. Here are the names of the members of this congress who distinguished themselves the most by their active participation in the debates: Dr. BOUDIER, a physician of great knowledge, and consummate experience acquired in Africa, Crimea, and Italy; Dr. DEPREVAL, sub-intendant of the Imperial Guard; Dr. LOEFFLER, of Prussia; Dr. UNGER, of Austria; the military surgeons of Holland, Bavaria, and Spain, and some members of the committee. After some debates, carried on in a most courteous and amiable manner, the following resolutions were adopted:

Art. 1. There shall be formed in every country a Committee whose duty it shall be to contribute, in time of war, if necessary, and by every means in their power to the health of the armies. That committee may be organized in the manner they think best.

2. Sections, in unlimited numbers, may be formed for seconding the committee to whom belongs the general direction of affairs.

3. Every committee must put itself in relation with its government of their country, so that its offers of services may be accepted if needed.

4. In time of peace the committee and sections will discuss the means of being really useful in time of war, especially in providing material aid of every kind, and in endeavoring to forward and instruct voluntary field-helpers and hospital attendants.

5. In time of war the committees of the belligerent nations furnish, according to their means, assistance to their respective armies—in particular they will organize and place in activity voluntary infirmiers and form, with the concurrence of the military authorities, buildings for treating the wounded. They may solicit the concurrence of committees belonging to neutral countries.

6. On the demand or with the concurrence of the military authorities, the committees may send voluntary infirmiers to the battle field. They are there placed under the direction of the military chiefs.

7. Voluntary infirmiers employed in the wake of armies must be provided, by their respective committees, with all that may be necessary to their sustenance.

8. They wear in every country as uniform distinctive sign, a white bandage on the arm with a red cross.

9. The committees and sections of different countries may form themselves into international congresses in order to communicate to each other their experiments and adopt measures to be taken in the interest of the work.

10. The interchange of communications between the committees of the different countries will be provisionally made through the committee of Geneva.

A wish was expressed by the members of the conference that the neutrality of the ambulance and military hospital be proclaimed in time of war by the belligerent nations, and that it be equally admitted in favor of the official sanitary body, voluntary infirmiers, the inhabitants of the country offering their services to the wounded, and of the wounded themselves. A destinctive sign should be adopted for the sanitary bodies of every army, and a flag of an identical nature, for the ambulances and hospitals.

After the conference I was so fortunate as to have all the Surgeons, members of the conference, meet together in a parlor of the Hôtel de la Métropole, for a familiar conversation on practical questions of military surgery. That meeting which I had the honor of presiding over was a most instructive one. Dr. BOUDIER, of France, made a series of communications the fruit of long experience, on the formation of ambulances, the first apparatus to be applied to the wounded, the sanitary organization of the French army. He insisted on the importance of learning to utilitate all that comes at hand, the necessity of often doing many things at once, and quickly. As to the transportation of the wounded, he advocated the use of mules, those animals being more steady and less fiery than the horse. In a surgical point of view the litter is incontestably the best mode of transport, only it is very fatiguing to those who use it, and a mule can therefore do more work and with less trouble than the litter carriers. The great affair, after a battle, is to have the wounded promptly taken off the field and carried to a place where they may receive immediate aid; they should be rapidly taken from the ambulances to the first line of hospitals, and from the first to the second; all these transportations would require a large number of hands, if effected with litters, but the mules perform them much more rapidly—an important advantage, especially in Africa, where the wounded are exposed to be barbarously treated by the enemy. Dr. LANDA, of Spain, says that for his part he prefers the litter which has been most commonly used in the mountains of Morocco. The mule presents the inconvenience of requiring a man on each side for holding the bed on which is lain the wounded soldier. As first apparatus to apply in cases of fracture Dr. BOUDIER prefers that of SCULLET which is the one

mostly employed in France; it consists, as you are aware, in a form of wire which is made to adapt itself to the fractured member.

Dr. UNGER, Surgeon-in-Chief of the Austrian army, employed in Italy, the apparatus of SCULLET, but slightly bent in the region of the knees, and terminated with a support for the foot. The flexion of the leg has the advantage of distending the flexor muscles which are thus prevented from contributing by their contraction, to the displacement of the fractured parts of the bones. The bent form has moreover the advantage of producing extension and contra-extension in the manner of an inclined plane, and thus rendering transportation less painful for the wounded. The next subject was that of the ventilation of ambulances and hospitals. Tents are as a general rule preferable to places enclosed by a masonry wall. The Spanish Doctor says he has treated pneumonia with success in tents.

For the dressing of wounds the French employ linen lint, cotton, light compresses, etc. Dr. BOUDIER does not find plaster bandage practicable on the battle-field, its application taking too long a time; it may be employed with advantage when suppuration has already begun, and when it is necessary to render the limb entirely immovable.

At the end of this instructive soiree I was requested by Dr. BOUDIER to give a description of the apparatus I have imagined for the transportation of the wounded, seriously injured at the inferior limb, and especially for complicated fractures of the thigh. It consists of two strong boards that may be extended and placed under the leg with a support for the foot, and also a number of narrow splints to which are applied india-rubber, or horse hair, or even straw cushions, for surrounding the wounded limb and thus preserving it in total immobility. Notwithstanding a few criticisms, they all agreed in finding it practical, and of a simple and rapid application.

Such is, dear sir, the report, rather short and incomplete, of the meeting of the International Conference of Geneva, but I hope it will interest you.

Yours truly,

L. APPIA, M. D.

I have given a full description of Dr. APPIA'S apparatus in a former number of your Journal.

W. N. CÔTE.

Army and Navy News.

Army Medical Boards.

Surgeon-General's Office, Washington City, Dec. 21, 1863.—

1. In consequence of the amount of other duties which he has to perform, Surgeon John F. Hammond, U. S. A., is hereby relieved from duty as President of the Army Medical Board, now in session in New York City, for the examination of Surgeons and Ass't Surgeons of Colored Troops.

In relieving Surgeon Hammond from this responsible duty, the Acting Surgeon-General desires to express his gratification at the manner in which the duty has been performed.

2. The Army Medical Board, now in session at New York City, for the examination of Surgeons and Ass't Surgeons of Colored Troops, is hereby dissolved.

3. An Army Medical Board, to consist of Surgeon Horace R. Wirtz, U. S. A.; Surgeon Alexander B. Mott, U. S. V., and Ass't Surgeon Havilah M. Sprague, U. S. A., will assemble at New York City, on Monday, Dec. 28, 1863, for the examination of candidates for the following appointments:—Ass't Surgeons of U. S. Volunteers, Surgeons and Ass't Surgeons of Colored Troops, Contract Physicians, and Medical Cadets.

4. Surgeon Horace R. Wirtz, U. S. A., will report to Surgeon Chas. McDougall, U. S. A., Medical Director, Department of the East, for duty as President of the Medical Examining Board, at New York City, and for such other duties as he may assign him to.

By order of the Acting Surgeon-General.

C. H. CRANE,
Surgeon U. S. A.

The Army Medical Board, dissolved by the above order, has, up to the date of ceasing operations, examined forty-two candidates. Of this number, six withdrew before completion of examination. Six were non-graduates, and consequently were not eligible. Three were rejected for physical disqualifications. Sixteen were rejected for professional disqualifications. Four were found qualified and recommended for the appointment of Surgeon, have been appointed, and are now on duty. Six were found qualified for appointments as Ass't Surgeons, five of whom have been appointed and are now on duty.

Medical Department of the West.

The Ass't Surgeon-General of the United States Army, Col. Robert C. Wood, whose headquarters have been recently established in Louisville, has left that city on a tour of inspection to Nashville and other portions of the district under his jurisdiction, which consists of the following States and Territories:—Minnesota, Michigan, Wisconsin, Iowa, Illinois, Indiana, Ohio, Missouri, Arkansas, Mississippi, Alabama, Tennessee, Kentucky, Kansas, Nebraska, Colorado, &c., and is known as the Medical Department of the West. In the absence of Col. Wood, Surgeon Geo E. Cooper, U. S. A., as Acting Ass't Surgeon-General, assumes the duties of the office.

Appointments and Promotions.

The following promotions and appointments have been recently made.

Dr. Joel Leavems, of Boston, Mass., to be Ass't Surgeon of Volunteers.

Dr. Theodore Artaud, Act. Ass't Surgeon U. S. A., to be Ass't Surgeon of Volunteers.

Dr. John B. McPherson, of Michigan, to be Surgeon 19th U. S. Colored Troops.

Dr. Grenville M. Weeks, of New York, to be Surgeon 3d U. S. Colored Troops.

Dr. John Elderkin, of New York, to be Ass't Surgeon 10th U. S. Colored Troops.

Dr. Martin Phillips, of Washington, D. C., to be Ass't Surgeon 22d U. S. Colored Troops.

Dr. John O'Donnell, of Washington, D. C., to be Ass't Surgeon 9th U. S. Colored Troops.

Dr. Christian Miller, of Washington, D. C., to be Ass't Surgeon 8th U. S. Colored Troops.

Dr. C. C. Topliffe, of Massachusetts, to be Ass't Surgeon 19th U. S. Colored Troops.

Dr. Mills O. Carter, of Massachusetts, to be Ass't Surgeon 19th U. S. Colored Troops.

To be Hospital Stewards, U. S. Army.

Private Francois Bruguier, Co. G, 5th Artillery, assigned to Department of the Gulf.
Alvin L. Pounstone, of Fayette, Penn'a.
Alfred H. Gawler, of Washington, D. C.
Thomas C. Wood, of Baltimore, Md.
August F. Pietzker, of Columbus, Ohio.
Jacob Boland, of Crawford Co., Penn'a.
Lindsay Jack, of Philadelphia, Penn'a.
Geo. A. Herbert, of Chester, Penn'a.
John T. Wilson, of New York.
John P. Zane, of Philadelphia, Penn'a.
Private Oscar Jacoby, Co. E, 2d U. S. Artillery.

Assigned to Duty.

Surgeon D. G. Brinton, U. S. V., has been assigned to duty as Medical Director, 11th Army Corps, Army of the Cumberland.

Ass't Surgeon Jas. Laing has been relieved from duty at the Draft Rendezvous, Bridgeport, Conn., and has resumed his duties at Lovell Hospital, Portsmouth Grove, R. I.

Surgeon G. H. Oliver, U. S. V., has arrived at Santa Fe, N. M., and is awaiting assignment.

Ordered to Report for Duty.

The following named Hospital Stewards, U. S. A., will proceed, without delay, to Santa Fe, N. M., and report, in person, for duty to Surgeon O. M. Bryan, U. S. V., Medical Director.

Thomas Reed, Arthur W. Moore, John C. Russell, A. H.

Johnson, Augustus Flynn, John A. Holton, Chas. H. Thomas, A. C. Waterman, Chas. Enfield, and Geo. S. Boyle.

Medical Cadet John C. Minor, U. S. A., has been relieved from duty in the Army of the Cumberland, and will report in person, without delay, to the Commanding General, Department of the Susquehanna, for assignment to duty in one of the general hospitals at Philadelphia, Penn'a.

Amended Orders.

So much of Special Orders No. 445, Oct. 5, 1863, as dismissed Surgeon Jas. C. Fisher U. S. V., from the service of the United States, has been revoked, and he is reinstated in his former position, with pay from the date of dismissal.

So much of Special Orders No. 419, current series, from the War Department, as honorably discharged Ass't Surgeon Alexander Collar, 24th Mich. Vols., on account of physical disability and for absence without leave, is so amended as to omit the charge of absence without leave.

Leave of Absence.

The following leaves and extensions of leaves have been granted.

Surgeon A. Crispell, U. S. V., twenty days' extension.

Ass't Surgeon William Spencer, 73d Indiana Vols., ten days' extension.

Surgeon Gustavus A. Bingel, 52d New York Vols., ten days' extension.

Surgeon Wm. H. Lemon, 82d Indiana Vols., ten days' extension.

Surgeon Lucius J. Dixon, 1st Wisconsin Vols., ten days' extension.

Ass't Surgeon A. H. Landis, 35th Ohio Vols., ten days' extension.

Surgeon J. Marcus Rice, 25th Mass. Vols., ten days' extension.

Ass't Surgeon A. A. Mann, 1st R. I. Cavalry, fifteen days' extension.

Ass't Surgeon J. C. Norris, 81st Penn'a Vols., twelve days' extension.

Ass't Surgeon W. A. Carmichael, 2d Ohio Vols., ten days' extension.

Ass't Surgeon D. D. Benedict, 17th Ohio Vols., ten days' extension.

Ass't Surgeon Josiah L. Brown, 116th Ohio Vols., ten days' extension.

Ass't Surgeon Sam'l E. Holzman, 58th Indiana Vols., twelve days' extension.

Surgeon D. B. Wren, 75th Ohio Vols., ten days' extension.

Surgeon Lewis A. Edwards, U. S. A., in charge of Lovell Hospital, Portsmouth Grove, R. I., has received thirty days' leave on account of ill health.

Lieutenant-Colonel William H. Mussey, Medical Inspector, U. S. A., has been granted permission to visit Washington, District of Columbia.

The leave heretofore granted Ass't Surgeon A. V. Ketchum, 83d N. Y. Vols., has been extended ten days.

Honorably Discharged.

Surgeon Calvin Skinner, 106th New York Vols., having tendered his resignation, has been honorably discharged the service of the United States.

Upon the recommendation of a Board of Officers, convened by Special Orders No. 294, July 3d, 1863, from the War Department, Surgeon Wm. H. Gominger, 16th Penn'a Cavalry, has been honorably discharged the service of the United States.

Hospital Steward Edwin A. Calder, U. S. A., has been honorably discharged the service of the United States, with a view to his acceptance of a commission as Second Lieutenant, 3d R. I. Cavalry.

Dishonorably Discharged.

Second Ass't Surgeon Albert L. Mitchell, 37th Mass. Vols., having tendered his resignation while under charges of cowardice, misbehavior in the presence of the enemy, and disobedience of orders, has been, by direction of the President, dishonorably discharged the service of the United States, with loss of all pay and allowances now due or that may become due him.

Hospital Closed.

The Ass't Surgeon-General has ordered the closure of the Lawson General Hospital, St. Louis, Mo.

Resigned.

Dr. ISAAC A. NICHOLS has resigned his position as Surgeon of the Enrolling Board for the 5th District of New Jersey. Dr. J. A. CROSS has been appointed in his place.

News and Miscellany.

The Feeding of an Army—Commissary Department—Army of Cumberland.

Below may be found the issues made in the month of June, 1863, at Murfreesboro, Tenn., by Capt. M. H. BRIGHT, U. S. A., the Commissary of Subsistence.

4,775 bbls. Pork at $12 per bbl	$57,300 00
503 bbls. Beef, $11 50 per bbl	5,784 00
1,100,000 fresh Beef, $8 33 per 100	91,700 00
960,056 lbs. Bacon, 7c. per lb	67,203 92
147,999 lbs. Ham, 8c. per lb	11,839 92
9,059 bbls. Flour, $6 per bbl	54,354 00
1,417,457 lbs. hard Bread, 5c. per lb	70,872 85
13,137 lbs. Corn Meal, 1½c. per lb	197 08
3,495 bu. Beans, $3 per bu	10,485 00
845 bu. Peas, $2 35 per bu	1,985 75
40,373 lbs. Rice, 10c. per lb	4,037 30
147,451 lbs. Hominy, 2c. per lb	2,949 02
156,620 lbs. rstd. Coffee, 40c. per lb	62,648 00
5,481 lbs. Tea, $1 per lb	5,481 00
357,653 lbs. brn. Sugar, 12½c. per lb	44,706 62
5,575 lbs. white do., 15c. do.	836 25
12,118 gals. Vinegar, 10c. per gal	1,211 80
31,802 lbs. Ad. Candles, 20c. per lb	6,360 40
72,493 lbs. Soap, 8c per lb	5,799 44
2,144 bu. Salt. 50c. per bu	1,072 00
1,237,876 lbs. Potatoes, 2c. per lb	24,757 52
3,365 gals. Molasses, 50c. per gal	1,682 50
430 gals. Golden Syrup	365 50
10,007 gals. Whiskey, $1 per gal	10,007 00
10,300 lbs. des. Potatoes, 9 1-10c	937 30
18,720 lbs. mixed Vegetables, 19c	3,556 80
655 gals. Pickles, 35c. per gal	229 25
2,425 lbs. Pepper, 35c. per lb	848 75
1,042 lbs. drd. Peaches, 10c. per lb	104 20
3,600 lbs. grn. Coffee, 35c. per lb	1,260 00
709 lbs. drd. Apples, 6c. per lb	42 54
383 gals. pick'd Cabbage, 35c	134 05
Total	$550,749 76

The prices annexed do not include the cost of transportation from the points at which these supplies were purchased. The amount, in contrast with that provided for a small family, seems almost fabulous.

The Ratio of Military Exemptions.

Although from various causes many more exemptions were granted after the late draft than should have been, the figures of the Provost Marshal-General's report dispose forever of the silly notion that the proportion of persons in the United States disqualified for military service is larger than in other countries. Had the enrollment been corrected before the draft, so as to exclude aliens, the proportion of exemptions would have been much less. The ratio of rejection in the United States, France and Great Britain, is shown in the following table. Ratio rejected per 1000:—

United States in 1861	319.1
France, from 1831 to 1843	324.4
France in 1859	317
Great Britain, from 1842 to 1852	335
Great Britain in 1860	318
Great Britain in 1861	451

Human Fossils.

Dr. LUND, the Danish naturalist, has given an account of his discoveries in the caves of Brazil, so rich in animal remains. He found human fossils in eight different localities, all bearing marks of geological antiquity, intermixed with those of numerous extinct animals. In the province of Minas Geras he

found human skeletons among the remains of forty-four species of extinct animals, among which was a fossil horse. In a cave on the borders of a lake called Lago Santa, he again collected multifarious human bones in the same condition as those of the extinct animals, and he considers that their geological relations unite to prove that they were entombed in their present position long before the formation of the lake on whose borders the cave is situated; leaving thus no doubt of their coexistence in life and their association in death. With regard to the race to which these human fossils belong, Dr. Lund observes that the form of the skull differs in no respect from the acknowledged American type.

ANSWERS TO CORRESPONDENTS.

☞ *Correspondents will please notice our reiterated request to give their full address in their communications to us. Our correspondence is very extensive, and it is necessary for us always to know the Town, County and* State *from whence their letters are sent.*

Drs. B T., Md.; McG. and H., Conn.; and S. P. H., Mass.—Your Visiting Lists were mailed to you on the 29th ult.

Drs. D. P. V., N. J; and J. B. W., Pa.—Barclay's Medical Diagnosis was mailed to you on the 29th ult.

Drs. J. H. O'K., Ill.; S. N P. and J. W., Iowa; T. G. C. and L. B, N. J.; J. W. L. and T. F. H., Ohio; J. W. G., P C S., W. S. H., G. W. C. J, and M. B. McD., of Penn'a.—Your Visiting Lists were mailed to you on the 30th ult.

Drs. W. G. H. N., D. C.; J TenB. and J. H. O'K., Ill.; W. B. R., N. J.; S C W., N. Y.; T. P. H., Ohio; R. C., W. P. M., A. W., B. F. S., J. P., jr., C. S., J. E. McG., and M. L. M., of Penn'a.—Your Hand Books were mailed to you on the 30th inst.

Dr. P S L., Pa.—A good microscope (Woodward's) can be had for about $35. We have sent you Queen & Co's Catalogue, which will give full information.

Dr. W. S. S., Ohio.—There is no work published, that we are aware of, on Milk Sickness. Some articles on the subject have appeared in medical journals, but nothing of much value. The articles you propose would be very acceptable and useful.

Dr. H. C. A. Mich.—There is no monograph to be had now on rheumatism. Fuller is out of print in this country. The third edition has just been issued in England. It is a very valuable work. Barwell on Joints is the next most elaborate work on the subject. We can send you that. The price is $3.

Dr. R. S. McC., Pa.—Your two Hand-Books were mailed to you on the 22d inst.

Dr. J. B. W., Pa.—We can send you a pocket case of instruments by mail. The price for a case of first quality instruments of Gemrig or Kolbe's make, is $12, $15, $18, to $20 and $25, according to size.

MARRIED.

Snively—Barr.—On the 24th of December, at the residence of the bride's father, near Waynesboro', Pa., by the Rev. W. R. H. Deatrich, I. N. Snively, M. D., of Chambersburg, Pa., and Miss Alice B. Barr, eldest daughter of A. Barr, Esq.

Hutchins—Pelton.—In Poughkeepsie, N. Y., Dec. 16th, by Rev. J. L. G. M'Kown, Alexander Hutchins, M. D., of Brooklyn, L. I., late Surgeon in U. S. Navy, and Mary, daughter of C. E. Pelton, Esq., of Poughkeepsie.

Rogers—Lewis.—On Tuesday, Dec. 22, by Rev. A. B. Hart, J. H. Rogers, M. D., of the City of New York, and Miss Julia A. R., daughter of Samuel Lewis, of Goshen, Orange county, New York.

Yarrow—Craig.—At Grace Church, December 29th, 1863, by Rev. Wm. Suddards, D. D., Thos. J. Yarrow, M D., and Tillie, daughter of Thos. H. Craig, Esq., all of this city.

DIED.

Chew.—In Baltimore, on the 25th Dec., Prof. Samuel Chew, M. D., of pneumonia.

Dr. Chew had been practicing medicine in that city for thirty years past, and at the time of his death was one of the faculty of the Maryland University, being Professor of Principles and Practice. He was for some time Professor of Materia Medica.

Morrison.—In this city [Manayunk], on the 27th Dec., Jas. Morrison, M. D.

Dr. Morrison was a prominent and much respected physician, having a large practice in the section of the city in which he resided. He fell a victim to the "spotted fever," which has been very prevalent within the bounds of his practice.

METEOROLOGY.

December.	21,	22,	23,	24,	25,	26,	27.
Wind.....	W.	N. W.	N.	N.	N.	N. E.	S. W.
Weather....	Clear,	Cl'dy,	Clear,	Clear,	Clear,	Clear,	Cl'dy, Rain.
Depth Rain...							1-10
Thermometer							
Minimum.....	20°	20°	15°	12°	13°	18°	26°
At 8 A. M.....	25	28	15	20	19	24	32
At 12 M.....	32	30	21	22	28	32	36
At 3 P. M.....	30	31	24	24	28	32	36
Mean.....	26.7	27.2	18.7	19.5	22	26.5	32.5
Barometer.							
At 12 M.....	30.1	30.1	30.1	30.4	30.5	30.5	30.3

Germantown, Pa. B. J. Leedom.

MORTALITY.

	Philadelphia. Week ending December 26.	New York. Week ending December 26.	Baltimore. Week ending December 26.	Boston. Week ending December 26.	Providence. Month of November.
Popl'n, (estimated.)	580,000	950,000	240,000	180,000	52,000
Mortality.					
Male	155	278	54	52	47
Female	127	223	45	59	39
Adults	132	209	45	49	51
Under 15 years	126	265	51	50	34
Under 2 years	75	161	19	41*	19
Total	282	481	99	111	87
Deaths in 100,000	48.62	50 63	41.25	61.66	16.73
American	200	306	...	66	64
Foreign	69	75	...	45	23
Negro	10	10	10	2	4
Zymotic Diseases.					
Cholera, Asiatic	...	...	...	...	...
Cholera Infantum	1	1	...	...	...
Cholera Morbus	...	...	...	...	...
Croup	14	34	9	6	3
Diarrhœa	2	7	1	1	1
Diphtheria	18	31	1	2	5
Dysentery	1	...	...	1	2
Erysipelas	4	4	...	...	...
Fever, Intermittent	1	...	...	...	...
Fever, Remittent	...	...	...	...	...
Fever, Scarlet	1	31	2	9	...
Fever, Typhoid	16	11	2	2	7
Fever, Typhus	13	17	...	...	...
Fever, Yellow	...	...	...	...	...
Hooping-cough	1	4	1	1	...
Influenza	...	...	...	...	1
Measles	1	...	...	...	...
Small Pox	...	...	16	...	...
Syphilis	2	...	...	...	...
Thrush	...	...	...	...	...
Sporadic Diseases					
Albuminuria	...	4	...	...	...
Apoplexy	7	7	...	...	...
Consumption	32	76	16	4	21
Convulsions	10	27	3	...	1
Dropsy	13	17	...	4	...
Gun-shot Wounds	...	...	...	...	...
Intemperance	4	8	...	1	...
Marasmus	6	16	...	3	2
Pleurisy	...	6	...	...	...
Pneumonia	14	36	4	10	6
Puerperal Fever	2	2	...	...	...
Scrofula	...	6	...	...	...
Violence and Acc'ts	7	15	4	6	6

* Under 5 years.

TO CORRESPONDENTS.

For the information of those who are not authors, we will state that manuscript intended for publication must be written on but one side of the sheet. If greater care was taken in the preparation of copy, much trouble would be saved to printers, and mistakes would rarely or never be made.

BACK NUMBERS.

Subscribers desiring old back numbers (excepting Nos. 304, 305, 308, 309, and 310, which are still due, and will be sent) will please remember and send money to pay for them, and for postage, as many of the numbers are growing scarce, and we have to pre-pay the postage, two cents a number.